

AGENCY I.D.
SC0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

13 - 073106

INQ ENTD

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1	✓ VICIOUS DOG	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STR	-	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORG <input checked="" type="checkbox"/> SOCIETY PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SECTION DIVISION APARTMENT AND NUMBER STREET NAME AND NUMBER)						ZIP CODE	
AIKEN ST GREGG ST GRANVILLE						29829	
INCIDENT DATE		24 HR CLOCK	TO	DATE	24 HR CLOCK	DISP DATE	DISP TIME
12/16/2013		1420		12/16/2013	1450	12/16	1420
COMPLAINANT NAME (LAST FIRST MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
MILLER, C		#1 #2 #3		0 S O U	W	M	32
ADDRESS		CITY		STATE	ZIP CODE	LOCATION #	
420 HANCOCK AVE		AIKEN		SC	29801	49 F 6	
VICTIM NAME (LAST FIRST MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
SOC / PUB		#1 #2 #3		* J S O U			
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR SCARS TATTOOS GLASSES CLOTHING PHYSICAL PECULIARITIES ETC		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION #	
<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> VICTIM USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> TWO MAN VEH <input type="checkbox"/> ONE MAN VEH <input type="checkbox"/> DETECTIVE/PLASMT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>		<input type="checkbox"/> DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK TYPE		J - THIS JURISDICTION S - STATE C - OUT OF STATE U - UNKNOWN			
<input checked="" type="checkbox"/> SUBJECT		NAME (LAST FIRST MIDDLE)		RACE	SEX	AGE	ETH
<input type="checkbox"/> RUNAWAY		ALLEN, ADORA		B	F	24	1204
<input type="checkbox"/> WANTED		FACIAL HAIR SCARS TATTOOS GLASSES CLOTHING PHYSICAL PECULIARITIES ETC		1989	N	504	130
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION #
<input type="checkbox"/> ARREST		1402 CLEARWATER VILLAGE		CLEARWATER	SC	29822	
<input type="checkbox"/> JAIL		SUBJECT USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
<input type="checkbox"/> SUMMONS		DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		TOTAL # ARRESTED		DATE/TIME OF ARREST	
CHARGE #1		CHARGE #2		CHARGE #3			
R/O WAS FLAEGED DOWN ON GREGG ST BY AN UNKNOWN BLACK MALE W/FO STATED THAT HE WAS ATTACKED BY A DOG WHILE WALKING, R/O WAS THEN FLAEGED DOWN BY 2 FEMALES THAT STATED THEY HELPED CIBASE THE DOG AWAY FROM THE UNKNOWN MALE AND THAT THE DOG WAS VICIOUS AND ALSO TRIED TO ATTACK THEM. R/O MADE CONTACT WITH THE DOG @ GREGG ST AND AIKEN ST AT WHICH POINT THE DOG BEGAN BARKING @ R/O'S PATROL CAR. R/O REQUESTED ANIMAL CONTROL FOR A VICIOUS DOG. WHILE WAITING FOR ANIMAL CONTROL R/O ATTEMPTED TO KEEP CONTACT W/ THE DOG, WHO WOULD CHARGE R/O'S CAR AND BARK @ R/O PREVENTING R/O FROM GETTING OUT OF HIS CAR.							
TYPE						TOTAL VALUE	
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> DI FENDER DEATH 2 <input type="checkbox"/> NO PROSECUTION 3 <input type="checkbox"/> EXTRADITION DENIED 4 <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICERS		DATE		UNIT NUMBER		APPROVING OFFICER	
MILLER, C		12/16/2013		4089		Sgt. C. C. C.	
						DATE	
						12-16-13	
						UNIT NUMBER	
						3987	
						FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						OFFICER	

DEC 17 2013

AGENCY I.D.
SC0020000

SUPPLEMENTAL INCIDENT REPORT

13 - 073166

INQ. ENTD.

☒ ORIGINAL REPORT
☐ MODIFIES ORIGINAL

☐ SUPPLEMENTAL REPORT
☐ CASE STATUS CHANGE

☐ ADDITIONAL VICTIMS
☐ ADDITIONAL OFFENDERS

☐ ADDITIONAL STOLEN PROPERTY
☐ ADDITIONAL RECOVERED PROPERTY

PAGE 3 OF 3 PAGES

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT
☐ VICTIM #
☐ SUBJECT #
☐ RUNAWAY
☐ WANTED
☐ WARRANT
☐ ARREST
☐ JAIL
☐ SUMMONS
☒ OTHER

NAME (LAST, FIRST, MIDDLE) ALLEN, LOLANDA				VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT D S O U	RACE B	SEX F	AGE 47	DOB 01/22/1966	ETH N	
HEIGHT 506	WEIGHT 200	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC									
ADDRESS 201 AIKEN RD				CITY GRANDTOWNE	STATE SC	ZIP CODE 29829	LOCATION NO 3364	DAY PHONE 292 0477	EVENING PHONE				
<input type="checkbox"/> VICTIM NO <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES				COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE					
EXPLAIN						DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
<input type="checkbox"/> SUBJECT NO <input type="checkbox"/> USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES				<input type="checkbox"/> USING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE				<input type="checkbox"/> UNKNOWN					

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT
☐ VICTIM #
☐ SUBJECT #
☐ RUNAWAY
☐ WANTED
☐ WARRANT
☐ ARREST
☐ JAIL
☐ SUMMONS
☒ OTHER

NAME (LAST, FIRST, MIDDLE) EDWIN, DANIEL				VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J S O U	RACE W	SEX M	AGE 39	DOB	ETH N	
HEIGHT 509	WEIGHT 150	HAIR WHT	EYES BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC									
ADDRESS 411 WIRE RD				CITY AIKEN	STATE SC	ZIP CODE 29801	LOCATION NO	DAY PHONE 640 2071	EVENING PHONE				
<input type="checkbox"/> VICTIM NO <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES				COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE					
EXPLAIN						DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
<input type="checkbox"/> SUBJECT NO <input type="checkbox"/> USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES				<input type="checkbox"/> USING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE				<input type="checkbox"/> UNKNOWN					

NARRATIVE

VEH/GUN/ETC 1

STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> TOWED <input type="checkbox"/> SUSPECT <input type="checkbox"/> VICTIM	TYPE <input type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS <input type="checkbox"/> ARTICLE	VIN AND/OR LICENSE NO	BOAT HULL NO. AND/OR REG NO
		SERIAL AND/OR OWNER APPLIED NO	STATE
		YEAR OF REGISTRATION	YEAR OF EXPIRATION
		MODEL	STYLE
		COLOR	BRAND NAME
		ISSUER	SECURITIES DATE
		MISCELLANEOUS	

PROPERTY EST.

TYPE	TOTAL VALUE
STOLEN	
DAMAGED	
BURNED	
RECOVERED	
SEIZED	

ADMINISTRATIVE

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> OFFENDER DEATH 2 <input type="checkbox"/> NO PROSECUTION 3 <input type="checkbox"/> EXTRADITION DENIED 4 <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICERS Miller	DATE 12/16/2013	UNIT NUMBER 6489	APPROVING OFFICER Sj+ceek	DATE 12-16-13
			FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	UNIT NUMBER 3989

DEC 17 2013

SUPPLEMENTARY REPORT

AGENCY ID
SC0020000

Case Number

13-073106

NCIC

283

<input checked="" type="checkbox"/> Original Report	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Offender	<input type="checkbox"/> Additional Stolen Property	<input type="checkbox"/> Additional Recovered Property
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Incident Type:

Date: - -

Time: :

Victim Name:

Subject Name:

☐ Warrant obtained by Deputy

Date: - -

Judge:

☐ No suspects/leads/clues developed

Date: - -

Time: :

☐ Contacted victim by telephone

Date: - -

Time: :

☐ Contacted victim in person

Date: - -

Time: :

☐ Case turned over to CID

Date: - -

Investigator:

Narrative:

(press down arrow at end of line)

THE DOG EVENTUALLY WANDERED INTO A YARD WHERE HE STAYED, WATCHING R/O, UNTIL ANIMAL CONTROL ARRIVED. R/O AND AC OFFICER GODWIN ATTEMPTED TO APPROACH THE DOG AT WHICH POINT THE DOG BARKED AT R/O'S AND WENT OUT INTO THE STREET. AC GODWIN ATTEMPTED TO CATCH THE DOG SEVERAL TIMES WITH THE POLE, THE DOG CHARGED GODWIN MULTIPLE TIMES AT WHICH POINT R/O FIRED 1 SHOT FROM HIS ISSUED GLOCK 22 PISTOL, STRIKING THE DOG IN THE SHOULDER, THE DOG ATTEMPTED TO GET UP AND CHARGE R/O AT WHICH POINT GODWIN SAID IT NEEDED TO BE PUT DOWN ANYWAY, R/O FIRED A 2ND SHOT FROM HIS PISTOL STRIKING THE DOG IN THE HEAD, THE DOG QUIET MOVING AND DIED MOMENTS LATER. R/O IMMEDIATELY NOTIFIED DISPATCH AND SGT CHAVOUS OF THE INCIDENT.

R/O LOCATED THE DOGS OWNER WHO REQUESTED AC OFFICER GODWIN TO DISPOSE OF THE DOG.

R/O FELT IT NECESSARY TO SHOOT THE DOG TO PREVENT INJURY TO R/O + AC OFFICER GODWIN.

Subject Identified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subject Located <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active	<input checked="" type="checkbox"/> Admin Closed	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Ex Clear over 18
		<input type="checkbox"/> Arrest over 18	<input type="checkbox"/> Arrest under 18	<input type="checkbox"/> Ex Clear under 18	

Reason for Ex Clear

☐ Offender Death ☐ No Prosecution ☐ Extradition Denied ☐ Victim Declines Coop. ☐ Juv. no custody

Reporting Officer	Date	Employee Number	Approving Officer	Date	Employee Number	Follow-up Invest.
MEUER	Date: 12/16/13	6489	S. J. Cella	Date: 12-16-13	3984	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No